`•							Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO							•					
Effective Dec mber 29, 1999							09/662783					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OR			OTHER THAN SMALL ENTITY		
FC	OR.	NUM	NUMBER FILED		NUMBER EXTRA		E-	FEE		PATE	FEE	
BA	ISIC FEE	( v.)						345.00	OR		690.00	
TC	TAL CLAIMS	6	65 minus 20-		• 45		9-	465,00	ОЯ	X\$18=		
INC	EPENDENT CL	AIMS	/ minus 3 =		•		X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+13	0-	-	OR	+260=		
* if the difference in column 1 is less than zero, enter "0" in column 2								7500	OR	TOTAL		
CLAIMS AS AMENDED - PART II								7290		OTHER	THAN	
	(Column 1) (Column 2) (Column 3)					SMA	IL E	NTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 5	Minue	- 65	-Ø	XS 9	-		ОR	X\$18=		
	Independent	• 1	Minus	<b></b> 3.	- B	X39			OR	X78≈		
_	FIRST PRESE	NTATION OF I	MULTIPLE DEF	ENDENT CLA	MM .	+130			OR:	+260=	·	
	BEST AVAILABLE COPY						1/4		OR OR	TOTAL		
	(Only 1) (Only 10)						ADDIT, FEE					
AMENDMENT B	1.4	(Column 1) CLAIMS	STATE OF THE PARTY	(Column 2) RIGHEST	) (Column 3)			ADDI-	٠,		4001	
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FAT		10NAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.10	Minus,	· 65	•	X\$ 6	-	1	OR	X\$18=		
	Independent		euniM	***	-	X39	- 1		OR	. X78=		
	FIRST PRESE	NIATION OF I	WULITE DEF	ENDEN! CL	una ,	+130		·	ОЯ	+260=		
					: :	.10	W.	-	OR .	TOTAL		
	•					ADDIT. I	EE L	لـــــــا	<b>5</b> 17	ADDIT. FEE		
-	- १९७१ <b>८३३ । १३४९</b>	(Column 1)	W83 700	(Column 2)	(Column 3)							
AMENDMENT C		REMAINING AFTER AMENOMENT		NUMBER PREVIOUSLY PAID FOR-	PRESENT EXTRA	RAT		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	•	X\$ 9	-		OR:	X\$18a		
	Independent	•	Minus	040		X39-	. †		- 3	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						十		OR			
						+130	= _		OR	+260=		
*	f the entry in colur If the "Highest Nur	nber Previously	Paid For IN THIS	S SPACE is less	than 20, enter "20."	ADDIT. F			OR	TOTAL DOIT, FEE	·	
•••	If the "Highest Num The "Highest Num	mber Previously ber Previously P	Paid For" (N THI) aid For" (Total or	5 SPACE (a less Independent) is	then 3, enter "3." the highest number			priate box				